



**MANCHESTER POLICE DEPARTMENT
14318 MANCHESTER RD., MANCHESTER, MO 63011**

**APPLICANT PERSONAL HISTORY QUESTIONNAIRE
POSITION: COMMISIONED POLICE OFFICER**

– CONFIDENTIAL –

VERIFICATION OF INFORMATION

Subject to all applicable State and Federal statutory or judicial exemptions, all qualified applicants for employment and/or advancement, whether commissioned or civilian, shall be given equal opportunity for consideration, selection, appointment and retention, regardless of race, color, religion, sex, national origin, age, disability or political affiliation.

This questionnaire will be used for reference by those who will be considering your application for employment as a Police Officer for the City of Manchester, Missouri. Fill out completely and CORRECTLY.

An extensive background investigation will be conducted into your personal history. Applicants may be requested to take a polygraph (lie detector) examination to confirm the information in this questionnaire and to determine other items of background information. Any FALSE, MISLEADING OR INCOMPLETE information requested in this form will be grounds to disqualify you for employment.

Please confirm that you have read, understood and agree to the foregoing.

Signature

-
1. **USE BLACK INK ONLY.** Complete this form in your own handwriting or printing.
 2. Be certain that your answers are legible.
 3. Read each question carefully.
 4. Make certain that each question is answered completely and correctly before you submit this questionnaire. If you need additional space, use an additional sheet or write on the back of this page.
 5. If it does not apply to you, write N/A in the space, do not leave any blank fields.
 6. Submit all documents as requested.
 7. Initial each page on the bottom right hand corner.

Pursuant to Public Law 93-573, the disclosure of your Social Security Number is completely voluntary. Your refusal to reveal it will in no way affect your application for consideration. The Social Security Number assists the Department in differentiating between applicants with similar or identical names.

INITIALS _____

I. PERSONAL INFORMATION

LAST NAME		FIRST		MIDDLE		HOME PHONE	
ADDRESS		CITY		STATE		ZIP CODE	
PERMANENT ADDRESS		CITY		STATE		PERMANENT PHONE	
AGE	HEIGHT	WEIGHT	HAIR	EYES	DATE OF BIRTH	PLACE OF BIRTH	
SOCIAL SECURITY NUMBER		DRIVER'S LICENSE NUMBER				STATE	
A. LIST ANY OTHER NAMES THAT YOU HAVE USED:							
B. ARE YOU A CITIZEN OF THE UNITED STATES?						WERE YOU NATURALIZED?	
<input type="checkbox"/> YES <input type="checkbox"/> NO						<input type="checkbox"/> YES <input type="checkbox"/> NO	
LIST FIRST YOUR PRESENT ADDRESS, THEN LIST ALL ADDRESSES YOU HAVE LIVED AT FOR THE PAST TEN (10) YEARS. INCLUDE YOUR ADDRESSES IN THE MILITARY SERVICE, IF APPLICABLE.							
FROM	TO	ADDRESS & ZIP CODE				COUNTY	STATE
E. HAVE YOU EVER APPLIED FOR A POSITION WITH THIS DEPARTMENT BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO							
IF YES, DATE OF APPLICATION _____							
F. HAVE YOU FILED AN EMPLOYMENT APPLICATION WITH OTHER SOURCES RECENTLY? <input type="checkbox"/> YES <input type="checkbox"/> NO							
ORGANIZATION/FIRM	ADDRESS & ZIP CODE		POSITION APPLIED FOR		DATE	DISPOSITION	

G. ARE YOU ACQUAINTED WITH ANY CURRENT MANCHESTER POLICE EMPLOYEES? IF YES, PLEASE LIST:

H. BASED ON THE ESSENTIAL FUNCTIONS OF THE POSITION FOR WHICH YOU'VE APPLIED, DESCRIBED IN THE WRITTEN JOB DESCRIPTION THAT ACCOMPANIES THIS APPLICATION, ARE YOU ABLE TO PERFORM THESE FUNCTIONS?

☐ YES
☐ NO

II. REFERENCES

A. LIST FOUR (4) CHARACTER REFERENCES (NOT RELATIVES, IN-LAWS OR PAST EMPLOYERS) WHO HAVE KNOWN YOU WELL DURING THE PAST THREE (3) YEARS.

1	NAME	PHONE NUMBER	YEARS ACQUAINTED	
	RESIDENCE ADDRESS	CITY	STATE	ZIP
	BUSINESS ADDRESS		OCCUPATION	
2	NAME	PHONE NUMBER	YEARS ACQUAINTED	
	RESIDENCE ADDRESS	CITY	STATE	ZIP
	BUSINESS ADDRESS		OCCUPATION	
3	NAME	PHONE NUMBER	YEARS ACQUAINTED	
	RESIDENCE ADDRESS	CITY	STATE	ZIP
	BUSINESS ADDRESS		OCCUPATION	
4	NAME	PHONE NUMBER	YEARS ACQUAINTED	
	RESIDENCE ADDRESS	CITY	STATE	ZIP
	BUSINESS ADDRESS		OCCUPATION	

III. ARREST HISTORY

A. **OTHER THAN TRAFFIC CITATIONS**, HAVE YOU BEEN ARRESTED, CONVICTED, CHARGED, QUESTIONED, ACCUSED OR OR DETAINED FOR ANY REASON BY POLICE, SECURITY OFFICERS OR MILITARY POLICE, EITHER IN THE UNITED STATES OF AMERICA, OR IN ANY FOREIGN COUNTRY?

☐ YES
☐ NO
IF "YES", DESCRIBE BELOW AND EXPLAIN IN FULL DETAIL ON PAGES 21 & 22.

DATE	CHARGE	DEPARTMENT/AGENCY	CITY, COUNTY, STATE & ZIP CODE	DISPOSITION

B. WERE YOU EVER SERVED WITH A CRIMINAL OR CIVIL SUBPOENA OR SUMMONS OTHER THAN TRAFFIC CITATIONS?

☐ YES ☐ NO IF "YES" EXPLAIN IN FULL ON PAGES 21 & 22.

C. HAVE THE POLICE EVER BEEN CALLED TO ANY OF YOUR FORMER OR CURRENT RESIDENCES FOR ANY REASON?

☐ YES ☐ NO IF "YES" EXPLAIN IN FULL ON PAGES 21 & 22.

D. HAVE YOU EVER BEEN INVOLVED IN ANY UNDETECTED CRIME, INCLUDING THE BUYING OR SELLING OF ILLICIT DRUGS?

☐ YES ☐ NO IF "YES" EXPLAIN IN FULL ON PAGES 21 & 22.

E. ARE THERE ANY CHARGES NOW PENDING AGAINST YOU FOR ANY VIOLATION OF THE LAW?

☐ YES ☐ NO IF "YES" EXPLAIN IN FULL ON PAGES 21 & 22.

IV. ORGANIZATION MEMBERSHIP

A. LIST ALL CIVIC OR SOCIAL ORGANIZATIONS, FRATERNITIES, CLUBS, BROTHERHOODS, SOCIETIES OR GROUPS OF WHICH YOU ARE OR HAVE BEEN, A MEMBER OR ASSOCIATE. ALSO FURNISH ITS LOCATION.

NAME OF ORGANIZATION	ADDRESS & ZIP CODE	OFFICE HELD

C. ARE YOU NOW OR HAVE YOU EVER BEEN, A MEMBER OF ANY FOREIGN OR DOMESTIC SUBVERSIVE ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP OR CLUB, WHICH HAS ADOPTED OR PROMOTES A POLICY OF ADVOCATING OR APPROVING THE COMMISSION OF ACTS OF FORCE OR VIOLENCE TO DENY OTHER PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES OR THE STATE OF MISSOURI, BY ANY UNLAWFUL OR UNCONSTITUTIONAL MEANS?

☐ YES ☐ NO IF "YES" EXPLAIN IN FULL ON PAGES 21 & 22.

V. MILITARY STATUS

A. ARE YOU REGISTERED WITH THE SELECTIVE SERVICE?		B. REGISTRATION NUMBER		C. LOCATION WHERE REGISTERED	
<input type="checkbox"/> YES <input type="checkbox"/> NO					

D. HAVE YOU EVER SERVED IN THE ARMY, NAVY, AIR FORCE, MARINE CORPS, COAST GUARD, R.O.T.C. OR ANY OTHER MILITARY OR SEMI-MILITARY ORGANIZATION? (IF THERE IS MORE THAN ONE PERIOD, LIST THE SEPARATE PERIODS)

☐ YES ☐ NO

DATE ENTERED	BRANCH/ORGANIZATION	DISCHARGE DATE	TYPE OF DISCHARGE	RANK	OCCUPATIONAL SPECIALTY

IF EITHER OF THE FOLLOWING QUESTIONS ARE ANSWERED "YES" EXPLAIN ON PAGES 21 & 22.

E. WERE YOU EVER REDUCED IN RANK IN THE MILITARY?

☐ YES ☐ NO

RANK REDUCED FROM _____

TO _____

F. WERE YOU EVER COURT MARTIALED?

☐ YES ☐ NO

TYPE OF COURT MARTIAL:

☐ SUMMARY ☐ SPECIAL ☐ GENERAL

SENTENCE RECEIVED: _____

HAVE YOU EVER RECEIVED A CAPTAIN'S MAST,
COMPANY PUNISHMENT OR ARTICLE 15?

☐ YES ☐ NO

G. HAVE YOU EVER SERVED IN A MILITARY OR NAVAL ORGANIZATION OF ANY FOREIGN GOVERNMENT?

☐ YES ☐ NO

IF "YES", EXPLAIN: _____

VI. FINANCIAL STATUS

A. LIST ALL OF YOUR SOURCES OF INCOME AT THE PRESENT TIME:

TYPE OF INCOME	FIRM OR SOURCE NAME	ANNUAL AMOUNT
YOUR SALARY		\$
OTHER EMPLOYMENT		\$
DIVIDENDS/INTEREST		\$
MILITARY		\$
OTHER (SPECIFY)		\$
TOTAL		\$

B. IF YOUR SPOUSE IS EMPLOYED, FIRM NAME:

TITLE

COMPANY ADDRESS & ZIP CODE

TELEPHONE NUMBER

C. LIST ALL DEBTS AND OBLIGATIONS WHICH YOU NOW OWE, AND THE INDIVIDUALS OR FIRMS WITH WHOM YOU HAVE CREDIT DEALINGS. USE PAGES 21 & 22 IF ADDITIONAL SPACE IS NEEDED.

OBLIGATION	NAME, ADDRESS & ZIP CODE OF CREDITOR	ACCOUNT NUMBER	UNPAID BALANCE	MONTHLY PAYMENT	AMOUNT PAST DUE
MORTGAGE OR RENT			\$	\$	\$
AUTO PAYMENT			\$	\$	\$
PERSONAL LOANS			\$	\$	\$

OBLIGATION	NAME, ADDRESS & ZIP CODE OF CREDITOR	ACCOUNT NUMBER	UNPAID BALANCE	MONTHLY PAYMENT	AMOUNT PAST DUE
PERSONAL LOANS			\$	\$	\$
SCHOOL LOANS			\$	\$	\$
CREDIT CARD			\$	\$	\$
CREDIT CARD			\$	\$	\$
OTHER (SPECIFY)			\$	\$	\$
OTHER (SPECIFY)			\$	\$	\$
TOTAL			\$	\$	\$

IF THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS "YES", WRITE DETAILS ON PAGE 21 & 22. MARK "YES" IF THE QUESTION INVOLVES YOU, YOUR SPOUSE OR ANY EX-SPOUSE.

- D. HAVE YOU EVER BEEN DELINQUENT IN ANY OF YOUR FINANCIAL OBLIGATIONS? ☐ YES ☐ NO
- E. HAVE YOU EVER BEEN REFUSED CREDIT? ☐ YES ☐ NO
- F. HAVE YOU EVER HAD ANY OF YOUR PROPERTY REPOSSESSED? ☐ YES ☐ NO
- G. HAVE YOU EVER FILED BANKRUPTCY? ☐ YES ☐ NO
- H. HAVE YOU EVER BEEN SUED IN COURT? ☐ YES ☐ NO
- I. HAVE YOU EVER RECEIVED A SETTLEMENT IN PAYMENT FOR DAMAGES, INJURY, LIBEL, ETC., EITHER WITH OR WITHOUT COURT ACTION? ☐ YES ☐ NO
- J. HAVE YOU EVER FILED A LAWSUIT OR HAD A REPRESENTATIVE FILE A LAWSUIT ON YOUR BEHALF? ☐ YES ☐ NO
- K. HAS YOUR TAX RETURN EVER BEEN AUDITED BY THE IRS FOR ANY REASON? ☐ YES ☐ NO

VII. NARCOTIC AND LIQUOR USAGE

IF THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS "YES", PLEASE EXPLAIN ON PAGES 21 & 22.

- A. WITHIN THE LAST SIX (6) MONTHS, HAVE YOU CONSUMED ANY ALCOHOLIC BEVERAGES BECAUSE OF AN ADDICTION TO ALCOHOL? ☐ YES ☐ NO
- B. WITHIN THE LAST SIX (6) MONTHS, HAVE YOU USED A CONTROLLED SUBSTANCE? ☐ YES ☐ NO

VIII. MARITAL STATUS/FAMILY MEMBERS

A. CHECK DESCRIPTION OF MARITAL STATUS. USE ADDITIONAL SPACE ON PAGES 21 & 22 IF NECESSARY.

☐ SINGLE ☐ ENGAGED ☐ MARRIED ☐ SEPARATED ☐ DIVORCED ☐ WIDOWED

FIANCE OR SPOUSE'S MAIDEN NAME (IF APPLICABLE)	ADDRESS & ZIP CODE	PHONE	DATE OF BIRTH	DATE OF MARRIAGE
EX-SPOUSE'S NAME (IF APPLICABLE)	ADDRESS & ZIP CODE	PHONE	DATE OF BIRTH	DATE OF SEPARATION
IF SPOUSE IS DECEASED, FULL NAME (MAIDEN) OF DECEASED SPOUSE:				CAUSE #.
				DATE DECEASED

B. LIST ALL DEPENDENTS (USE ADDITIONAL SPACE ON PAGES 21 & 22 IF NECESSARY.)

NAME	DATE OF BIRTH	PLACE OF BIRTH	RELATIONSHIP	ADDRESS	RESIDES WITH WHOM	% OF SUPPORT

C. DO YOU NOW PAY CHILD SUPPORT FOR ALL CHILDREN BORN TO YOU? ☐ YES ☐ NO
IF "NO", EXPLAIN:

D. AN EMPLOYEE OF THIS DEPARTMENT WORKS EIGHT (8) TO TWELVE (12) HOURS PER DAY. THE NUMBER OF DAYS PER WEEK MAY VARY, TO INCLUDE DAY OR NIGHT SHIFT. ARE YOU ABLE TO MEET THESE REQUIREMENTS WITHOUT EXCESSIVE ABSENCES?
☐ YES ☐ NO

WHEN THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS "YES", EXPLAIN IN THE ADDITIONAL SPACE PROVIDED ON PAGES 21 & 22.

E. ARE YOU PRESENTLY LIVING WITH ANYONE ELSE (FRIEND OR RELATIVE)? ☐ YES ☐ NO

F. DO YOU HAVE ANY SERIOUS PROBLEMS WITH YOUR RELATIVES OR IN-LAWS? ☐ YES ☐ NO

G. LIST FULL NAMES OF YOUR IMMEDIATE FAMILY, SUCH AS FATHER, MOTHER (MAIDEN NAME), BROTHERS AND SISTERS. USE ADDITIONAL SPECE ON PAGES 21 & 22, IF NEEDED.

NAME	RELATIONSHIP	ADDRESS	PHONE	OCCUPATION	DATE OF BIRTH

IX. USE OF FORCE

- A. IF THE NECESSITY AROSE FOR YOU TO SHOOT A PERSON IN THE COURSE OF YOUR DUTIES AS AN OFFICER, WOULD YOU HAVE ANY RELUCTANCE TO DO SO?

☐ YES ☐ NO

IF "YES", EXPLAIN IN DETAIL: _____

- B. HAVE YOU EVER USED A WEAPON TO DEFEND YOURSELF OR OTHERS?

☐ YES ☐ NO

IF "YES", EXPLAIN IN DETAIL: _____

X. NARRATIVE

- A. IN 25 – 50 WORDS, EXPLAIN WHY YOU WISH TO BE A POLICE OFFICER:

XI. DRIVING HISTORY

- A. LIST ALL DRIVER'S OR CHAUFFER'S LICENSES YOU NOW HOLD OR HAVE PREVIOUSLY HELD, EITHER IN MISSOURI OR ANY OTHER STATE OR COUNTRY.

STATE	TYPE OF LICENSE	LICENSE NUMBER	EXPIRATION DATE

- B. HAVE ANY OF THE ABOVE LICENSES EVER BEEN SUSPENDED OR REVOKED?

☐ YES ☐ NO

IF "YES", EXPLAIN:

- C. LIST ALL DRIVING CITATIONS/TICKETS, OR SUMMONS YOU HAVE RECEIVED AS AN ADULT OR JUVENILE, BEGINNING WITH THE MOST RECENT. (IF YOU CANNOT REMEMBER EXACT DATES OR LOCATIONS, GIVE APPROXIMATE DATES AND LOCATIONS.) USE ADDITIONAL SPACE ON PAGES 21 & 22, IF NECESSARY.

MONTH/YEAR	CHARGE	CITY/STATE	POLICE DEPARTMENT/AGENCY	DISPOSITION

D. LIST ALL VEHICLES WHICH YOU OWN, LEASE OR HAVE FOR YOUR PERSONAL USE (INCLUDE MOTORCYCLES).				
YEAR	MAKE	MODEL	LICENSE NUMBER	STATE

E. HOW MANY TRAFFIC ACCIDENTS HAVE YOU BEEN INVOLVED IN DURING THE PAST FIVE (5) YEARS?
 NUMBER _____ LIST THEM: _____

F. HAVE YOU RECENTLY CHANGED AUTOMOBILE INSURANCE COMPANIES? ☐ YES ☐ NO
 IF "YES", INDICATE DATE, NAME, ADDRESS AND PHONE NUMBER OF PREVIOUS INSURANCE COMPANY.

G. CURRENT INSURANCE COMPANY: _____
 ADDRESS: _____ CITY _____ STATE _____ ZIP _____
 CURRENT INSURANCE AGENT'S NAME: _____ PHONE NUMBER: _____
 POLICY NUMBER: _____

H. HAVE YOU EVER BEEN DENIED AUTOMOBILE INSURANCE OR HAD YOUR INSURANCE CANCELLED?
☐ YES ☐ NO
 IF "YES", EXPLAIN IN DETAIL: _____

XII. EDUCATION

A. LEVEL OF EDUCATION (CHECK ALL THAT APPLY):
☐ GED CERTIFICATE ☐ HIGH SCHOOL DIPLOMA ☐ COLLEGE DEGREE ☐ OTHER
 IF OTHER, EXPLAIN IN DETAIL: _____

B. IF YOU PRESENTLY ATTEND SCHOOL, LIST THE NAME, ADDRESS OF SCHOOL AND NUMBER OF COURSES YOU ARE TAKING:

C. IF YOU ATTENDED COLLEGE, WHAT WAS YOUR MAJOR AND MINOR?

D. LIST ALL ELEMENTARY SCHOOLS, HIGH SCHOOLS, COLLEGES AND UNIVERSITIES YOU ATTENDED:					
DATES ATTENDED	NAME	ADDRESS & ZIP CODE	YEARS/CREDITS COMPLETED		DIPLOMA RECEIVED

E. DO YOU SPEAK OR WRITE ANY FOREIGN LANGUAGES? ☐ YES ☐ NO

IF "YES", WHAT LANGUAGE(S) AND HOW WELL? _____

F. HAVE YOU EVER BEEN SUSPENDED, EXPELLED OR ASKED TO LEAVE SCHOOL FOR ANY REASON? ☐ YES ☐ NO

IF "YES", EXPLAIN: _____

G. HAVE YOU EVER APPLIED FOR A POSITION WITH ANY POLICE DEPARTMENT? ☐ YES ☐ NO

IF "YES", WHEN _____ WHAT DEPARTMENT? _____

WHAT POSITION? _____ DISPOSITION? _____

H. HAVE YOU EVER RECEIVED ANY POLICE TRAINING? ☐ YES ☐ NO

IF "YES", WHERE? _____ WHEN? _____

DID YOU GRADUATE? ☐ YES ☐ NO (IF YES, ATTACH ALL DOCUMENTATION)

TYPE OF TRAINING: _____

I. WHAT AREA OF POLICE WORK INTERESTS YOU MOST? _____

XIII. EMPLOYMENT HISTORY

A. BEGINNING WITH YOUR PRESENT OR MOST RECENT EMPLOYER, LIST ALL THE PLACES YOU HAVE WORKED. IN THE PROPER ORDER, LIST PERIODS OF SCHOOL, MILITARY SERVICE AND EMPLOYMENT. LIST EVERYTHING FOR THE LAST TEN (10) YEARS. KEEP IN PROPER SEQUENCE. OMIT NOTHING. INCLUDE PART-TIME, TEMPORARY OR SEASONAL EMPLOYMENT.

MONTH & YEAR	NAME, ADDRESS & ZIP CODE OF EMPLOYER	JOB TITLE	SUPERVISOR	SALARY
FROM:				FROM:
TO:				TO:

DESCRIBE YOUR DUTIES: _____

REASON FOR LEAVING: _____

MONTH & YEAR	NAME, ADDRESS & ZIP CODE OF EMPLOYER	JOB TITLE	SUPERVISOR	SALARY
FROM:				FROM:
TO:				TO:

DESCRIBE YOUR DUTIES : _____

REASON FOR LEAVING: _____

MONTH & YEAR	NAME, ADDRESS & ZIP CODE OF EMPLOYER	JOB TITLE	SUPERVISOR	SALARY
FROM:				FROM:
TO:				TO:

DESCRIBE YOUR DUTIES: _____

REASON FOR LEAVING: _____

MONTH & YEAR	NAME, ADDRESS & ZIP CODE OF EMPLOYER	JOB TITLE	SUPERVISOR	SALARY
FROM:				FROM:
TO:				TO:

DESCRIBE YOUR DUTIES: _____

REASON FOR LEAVING: _____

MONTH & YEAR	NAME, ADDRESS & ZIP CODE OF EMPLOYER	JOB TITLE	SUPERVISOR	SALARY
FROM:				FROM:
TO:				TO:
DESCRIBE YOUR DUTIES: _____ _____ REASON FOR LEAVING: _____				
DATE & YEAR	NAME, ADDRESS & ZIP CODE OF EMPLOYER	JOB TITLE	SUPERVISOR	SALARY
FROM:				FROM:
TO:				TO:
DESCRIBE YOUR DUTIES: _____ _____ REASON FOR LEAVING: _____				
DATE & YEAR	NAME, ADDRESS & ZIP CODE OF EMPLOYER	JOB TITLE	SUPERVISOR	SALARY
FROM:				FROM:
TO:				TO:
DESCRIBE YOUR DUTIES: _____ _____ REASON FOR LEAVING: _____				
DATE & YEAR	NAME, ADDRESS & ZIP CODE OF EMPLOYER	JOB TITLE	SUPERVISOR	SALARY
FROM:				FROM:
TO:				TO:
DESCRIBE YOUR DUTIES: _____ _____ REASON FOR LEAVING: _____				
DATE & YEAR	NAME, ADDRESS & ZIP CODE OF EMPLOYER	JOB TITLE	SUPERVISOR	SALARY
FROM:				FROM:
TO:				TO:
DESCRIBE YOUR DUTIES: _____ _____ REASON FOR LEAVING: _____				
B. HAVE YOU EVER BEEN DISMISSED, FIRED OR ASKED TO RESIGN FROM ANY EMPLOYMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES", EXPLAIN IN DETAIL ON PAGES 21 & 22.				
C. HAVE YOU EVER STOLEN ANY MONEY OR MERCHANDISE FROM ANY PLACE OF EMPLOYMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES", EXPLAIN IN DETAIL ON PAGES 21 & 22, TO INCLUDE FINAL DISPOSITION OF ALL ITEMS, I.E., SOLD, RETAINED FOR PERSONAL USE, RETURNED, ETC.				

XIV. ADDITIONAL INFORMATION

USE THIS SHEET FOR ANY ADDITIONAL INFORMATION. LIST QUESTION NUMBER TO WHICH THE ADDITIONAL INFORMATION APPLIES. PUT YOUR INITIALS AT THE END OF EACH ITEM AND SIGN YOUR INITIALS AT THE BOTTOM OF THIS PAGE.

[illegible]

MANCHESTER POLICE DEPARTMENT APPLICATION CHECKLIST

A copy of the following documents must be included with this application, or explain fully below as to why they are not included. All documents submitted become the property of the Manchester, Missouri Police Department and will not be returned.

The following items should be submitted by all applicants:

- | | | |
|---|------------------------------|--|
| *1. Birth Certificate (State issued with raised impression, certified or notarized copy). | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. High School Diploma and Transcripts. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. College Diploma and Certified Transcripts. | <input type="checkbox"/> YES | <input type="checkbox"/> NO <input type="checkbox"/> N/A |
| 4. Military Discharge DD214, indicating type of discharge. | <input type="checkbox"/> YES | <input type="checkbox"/> NO <input type="checkbox"/> N/A |
| *5. Two recent facial photographs. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6. Special Awards (school, military, etc.) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| *7. Naturalization Papers. | <input type="checkbox"/> YES | <input type="checkbox"/> NO <input type="checkbox"/> N/A |

In addition to the above, applicants for the position of police officer must also submit:

- | | | |
|--|------------------------------|-----------------------------|
| 8. Copy of any license, including state issued motor vehicle operator's license, pilot's license, radio operator's license, etc. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 9. Copy of Certificate of Completion from a 16 week accredited police academy as required for first class counties in Missouri. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

Include document number and reason for its omission from the application:

* Must be submitted if offered a position, and prior to appointment.



Manchester Police Department

200 Highlands Blvd. Dr.
Manchester, MO 63011
Phone: (636) 227-1410 / Dispatch: (636) 527-9200



WAIVER OF LIABILITY AND RELEASE FORM

In consideration of the City of Manchester, Missouri, hereinafter referred to as the Agency, processing my application for employment, I, _____ hereby irrevocably agree to the following terms and conditions:

1. The term "background investigation" as used in this document refers to any and all information and sources of information that the Agency, in its sole discretion, may deem necessary to obtain or contact, to determine my fitness as a candidate for employment with the Agency.
2. I hereby release from liability and promise to hold harmless under any and all possible causes of legal action any officer, agent, or employee of the Agency who may conduct my background investigation.
3. I hereby release from liability and promise to hold harmless under any and all possible causes of legal action, any and all persons and entities who shall furnish any information or opinions to the officers, agents, or employees of the Agency who conduct my background investigation.
4. I authorize any person or entity contacted by the Agency's officers, agents or employees during the course of my background investigation, to furnish such officers, agents or employees any information or opinions they may have, and hereby expressly waive any and all legal privileges I may have including, the physician-patient privilege, the psychotherapist-patient privilege, the clergyman-penitent privilege, the husband-wife privilege, and the accountant-client privilege.
5. I hereby release from liability and promise to hold harmless, under any and all possible causes of legal action, the political subdivision, the Agency or any of its officers, agents or employees for any statements, acts or omissions in the course of my background investigation.
6. I expressly waive all of my legal rights and causes of actions to the extent that the Agency background may violate or infringe upon these legal rights and causes of action.
7. I expressly agree that I will never, under any circumstances, attempt to obtain the results of my background investigation as conducted by the Agency, realizing that such information must, by necessity, remain confidential.

This release from liability given to me to the political subdivision, the Agency, its officers, agents and employees, and all others as mentioned above, shall apply my right of action of any nature whatsoever that might accrue to myself, my heirs or my personal representative.

A photo static copy of this authorization will be considered as effective and valid as the original.

DO NOT SIGN THIS BEFORE READING

Date: _____ Signature of Applicant: _____

Date of Birth: _____ SSN: _____

Drivers License State and Number: _____

Date: _____ Witnessed by: _____

REF: GO 17.1
FORM 17.1